Feedback Through Coaching

&

Learning Through Questioning

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Teacher Characteristics

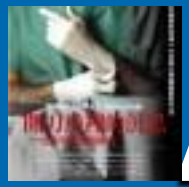
- Complete Exercise
  - Check or circle 20 words to describe your preferred teaching style
  - Draw a horizontal line across the row under the words
    - **organizes, inquires, manages, facilitates**
  - Count the number of selected words in each group
  - Which has the most? Which the least?

New Yorker Magazine Annals Of Medicine Personal Best

Top athletes and singers have coaches. Should you?
by Atul Gawande

October 3, 2011

"No matter how well trained people are, few can sustain their best performance on their own.
That's where coaching comes in."



Atul Gawande on Coaching

- http://fora.tv/2011/10/01/Atul_Gawande_Do_Surgeons_Need_Coaches - Atul_Gawande_Coaching_and_the_Four_Stages_of_Mastery

- http://www.dailymotion.com/video/xm7yju_atul-gawande-coaching-and-the-four-stages-of-mastery_news

The Four Stages of Learning Competence

http://www.businessballs.comconsciouscompetencelearningmodel.htm

- **Unconscious Incompetence** The individual **does not understand or know** how to do something and **does not necessarily recognize the deficit**

- **Conscious Incompetence** Though the individual does not understand or know how to do something, **he or she does recognize the deficit**, as well as the value of a new skill in addressing the deficit. The making of mistakes can be integral to the learning process at this stage.

- **Conscious Competence** The individual understands or knows how to do something. However, demonstrating the skill or knowledge requires concentration. It may be **broken down into steps, and there is heavy conscious involvement in executing the new skill.**

- **Unconscious Competence** The individual has had so much practice with a skill that it has become "second nature" and can be performed easily. As a result, the skill can be performed while executing another task. **The individual MAY be able to teach it to others,** depending upon how and when it was learned.

Atul Gwande Article

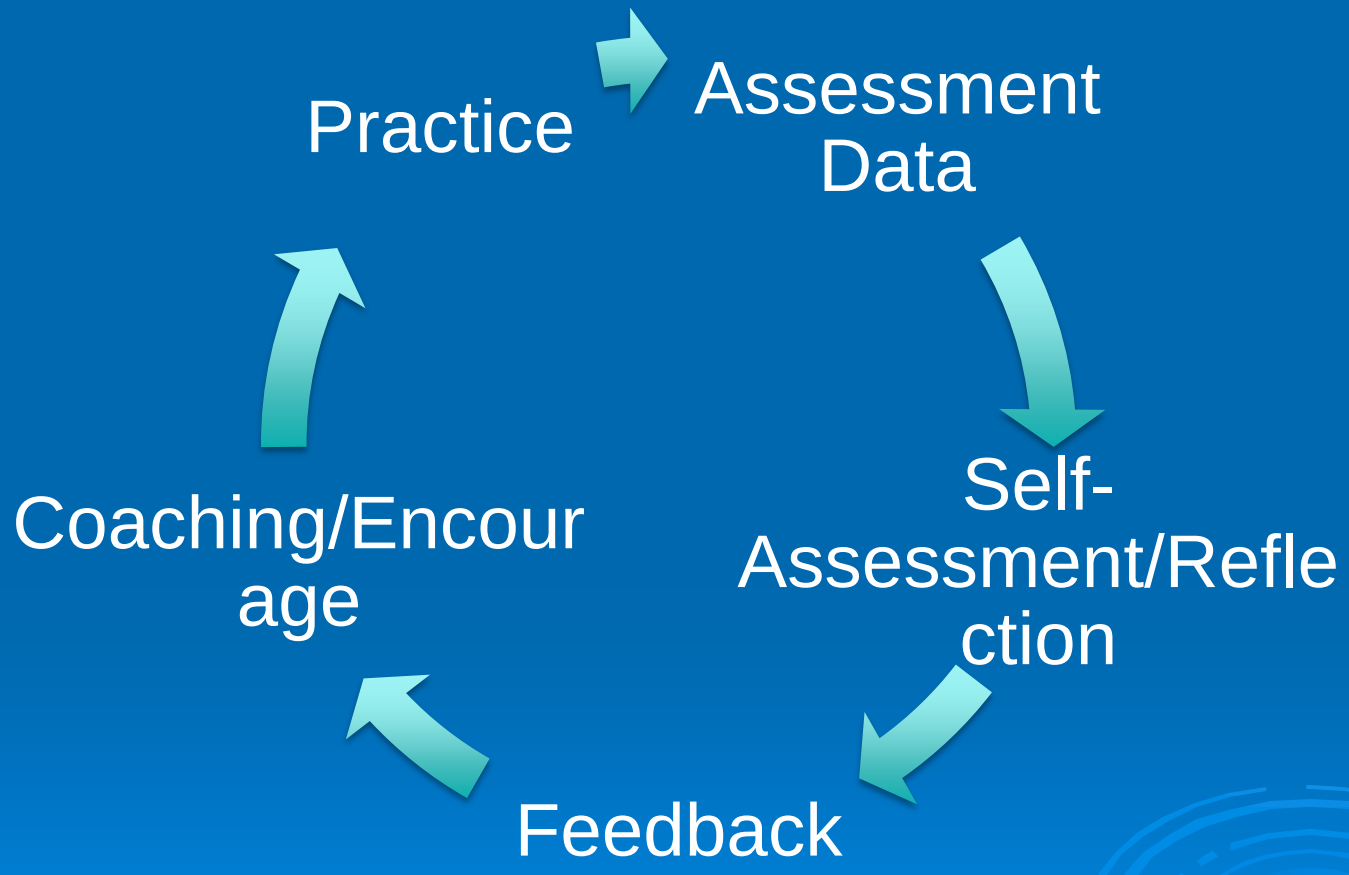
- Personal Best

Session Objectives

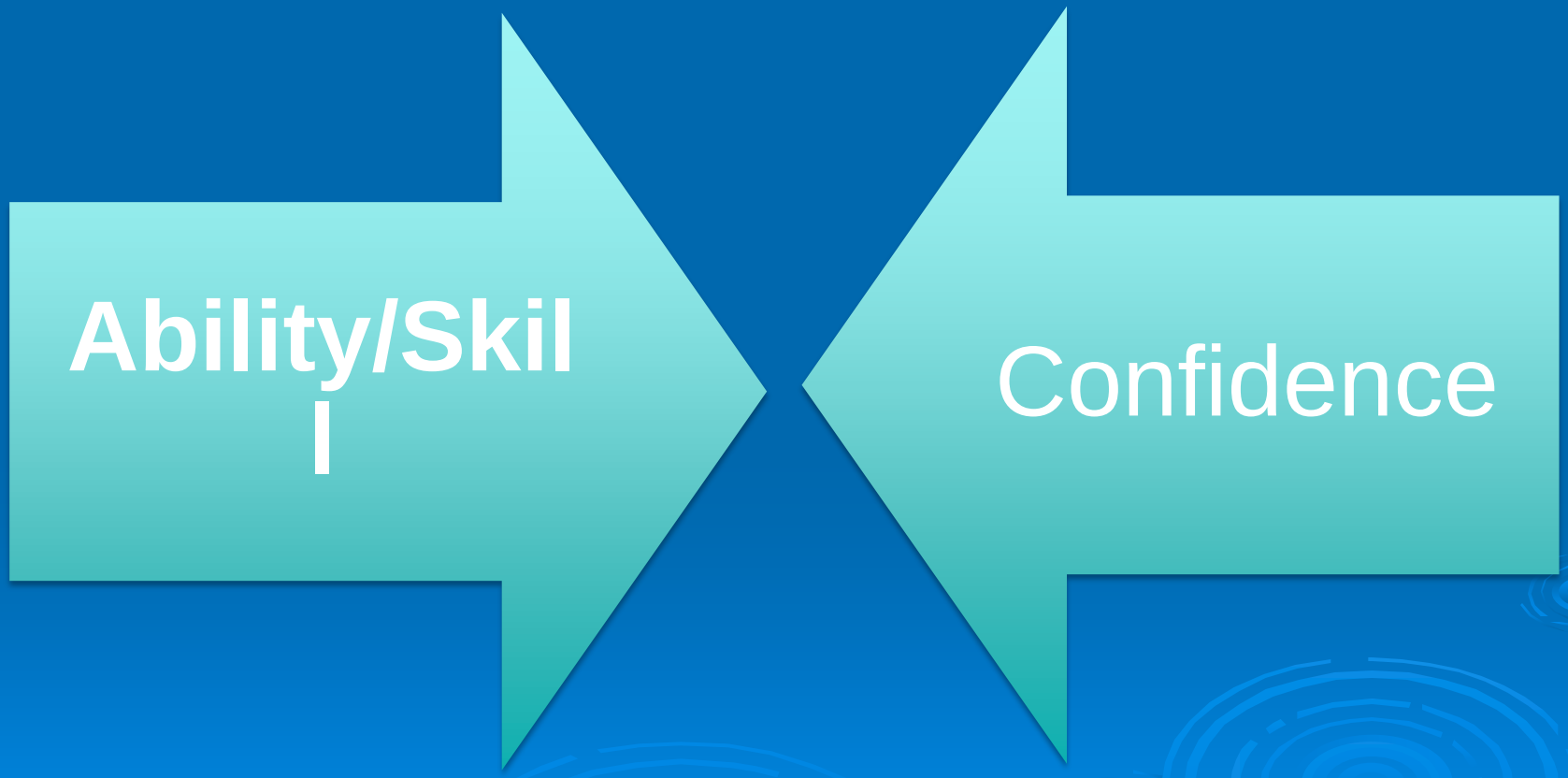
Faculty will be able to:

- Identify coaching as a core feedback skill
- Distinguish characteristics of collaborative feedback
- Apply feedback principles to interactions with learners (students, residents)
- Define RIME
- Identify types of questioning
- Apply questioning as a learning tool

Assessment Drives Learning



Our Goal



The Medical Education Picture: Practice and Formative Assessment

- Core Skills (the doing)
  - Communication
  - Diagnosis using images of diverse technologies
- Attitudes/Values
  - Professionalism with learners and staff
- Behavior
  - Direct Observation
  - Checklist

Characteristics of Credible Clinical Assessment of Trainees

- **Formative**
  - Direct observation
  - Reflect educational goals for learner
  - Occurs at key points in a rotation
  - Focused on improvement and progression - knowledge, skills and attitudes
  - Inform a summative evaluation
- **Summative**
  - Multiple observers
  - Multiple observations
  - Consistency across sites, faculty and rotations
  - Reflect program's education goals
  - Should be developmental in documentation of core knowledge, skills attitudes

Video Clip

Coach

- Direct Observation with checklist
- “Diagnoses” learner needs
- Allows student to self-assess
- Provides feedback
- Encourages learner reflection
- Coaches: provides direction for future practice (encourages)

What is **feedback**?

- **Feedback** is the information you provide to learners about their clinical performance that is intended to guide their future clinical performance.

Types of **Feedback**

- **Positive:** statements describing appropriate behaviors

- **Negative:** statements describing inappropriate behaviors

- **Collaborative**: faculty solicits feedback from the learner to “level the playing field” and establish bi-directional communication

Effective **Feedback**

- FED
  - Feedback
  - **Encouragement (COACHING)**
  - Direction

Bell, Hershey, Encouragement: Giving "Heart to Our Learners in a Competency-based Education Model the Heart, *Family Medicine, 2007, 39:1*

- Review your goals and expectations of the student as indicated on the checklist
- Give interim feedback. **(F)**
- Ask the student to evaluate his/her performance prior to giving your own feedback. **(self-assess/reflect)**
- Focus feedback on the student's behavior, rather than on the student's personality. **(F)**
- Give specific examples to illustrate your observations.
- Suggest specific strategies by which the student might improve his/her performance. **(D)**

Ende, J. (1983) Feedback in clinical medical education, *Journal of the American Medical Association,* 250, pp. 777-781

4 Components of **Feedback**

- Level 1: Describing what you saw=feedback
  - Description of observed behavior (checklist)
    - Easier to accept by learner
- Level 2: Allow learner so self-assess/reflect
- Level 3: Your personal reaction=coaching
- Level 4: Your suggestion of behaviors to practice=Direction
- Closure: Always remember the E=encouragement

Feedback Sandwich

Positive Feedback

Collaborative Feedbac

Direction/Coaching

Global Feedback

- Minimal
  - “good”, “ugh!”, a shrug or nod
- Behavioral
  - “that was good because…”
  - “you can improve by…”
- Interactive/collaborative
  - let the learner react & self-assess their behaviors

after Stanford Faculty Dev Program

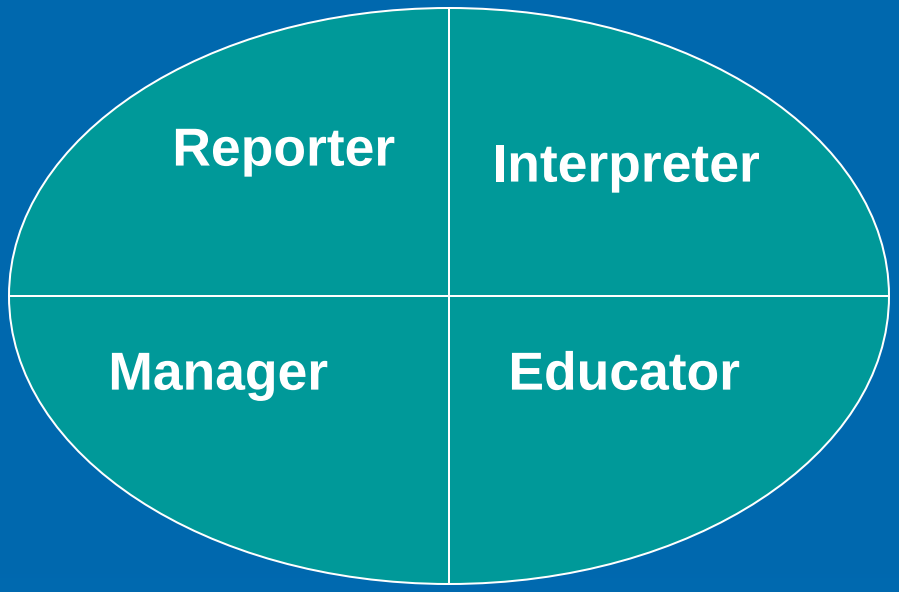
Feedback Session

- Private, relaxed atmosphere, timely
- Outline agenda/purpose ie focus on…
- Ask student first - LISTEN!
- Share your behavior specific points
- Compare learner and faculty feedback
- Make plans going forward (coaching and direction with encouragement)

RIME

Provides data for feedback
Allows tracking of progression

The RIME Model



Adapted from materials by Lou Pangaro, M.D. – USUHS

The clinical teacher can help learners progress around the RIME ladder.

RIME With Reasons

- The R-I-M-E model is a proven and reliable way to descriptively evaluate learners.
- RIME is a classification measure of a learner's progression
  - Reporter to Interpreter ⟷ Manager/Educator
- Most interns should be able to demonstrate they can reliably gather the facts on patients and present this information in an organized manner.
- It is expected that the residents will progressively synthesize this information, learning to connect signs and symptoms with tests, and to develop a differential diagnosis.

RIME Level

- Observer: Bystander
- Reporter: Understands “what” is wrong
- Interpreter: Understands “why”
- Manager: Understands “how” to address the problem
- Educator: Committed to self-learning and education of the team

Professionalism

Framework for RIME Progression

- **R**: Consistent good interpersonal skills; consistent professional behavior; reliably obtains information and communicates to others in the clinical setting
- **I**: able to prioritize and analyze patient CC and symptoms (problems; formulate a diff. Dx
- **M**: Proposes consistently reasonable options to manage diff DX and achieve a Dx
- **E**: can apply knowledge to patient problems; consistent knowledge of current literature and applies evidence to decision making; teachers others

The Learning Vector

- Below Average Learner
- Average Learner
- Above Average Learner

Where does your learner place on the vector?

PGY 1? PGY 2? PGY 3? Chief?

Linking Question Types to RIME

- **REPORTERS** will be most comfortable with recall questions.
- **INTERPRETERS** will also be comfortable with analysis/synthesis questions.
  - ***"What do you think so far?"***
- **MANAGERS** will also be comfortable with applications questions.
  - ***"What would you like to do?"***
- **EDUCATORS** should link to questions focused on self assessment. *"I don't know"* is acceptable

Questioning & RIME

- **Asking questions of learners** that will identify **where they are in the learning continuum.**
- **Questions that prompt learners to think**
- **Active questioning** will give them the opportunity to demonstrate their **knowledge, reasoning and management skills.**

Questions about Questions

What is the point of asking that question? Why did I ask that question specifically?

Socratic Questioning equals

=

disciplined, systematic and deep

??????????????

Explore complex ideas

To pursue truisms

Analyze concepts

Questions Pursue Thoughts

Distinguish what is known & not known

Open up issues/concerns

Uncover assumptions and uncertainties

Pursue logical implications

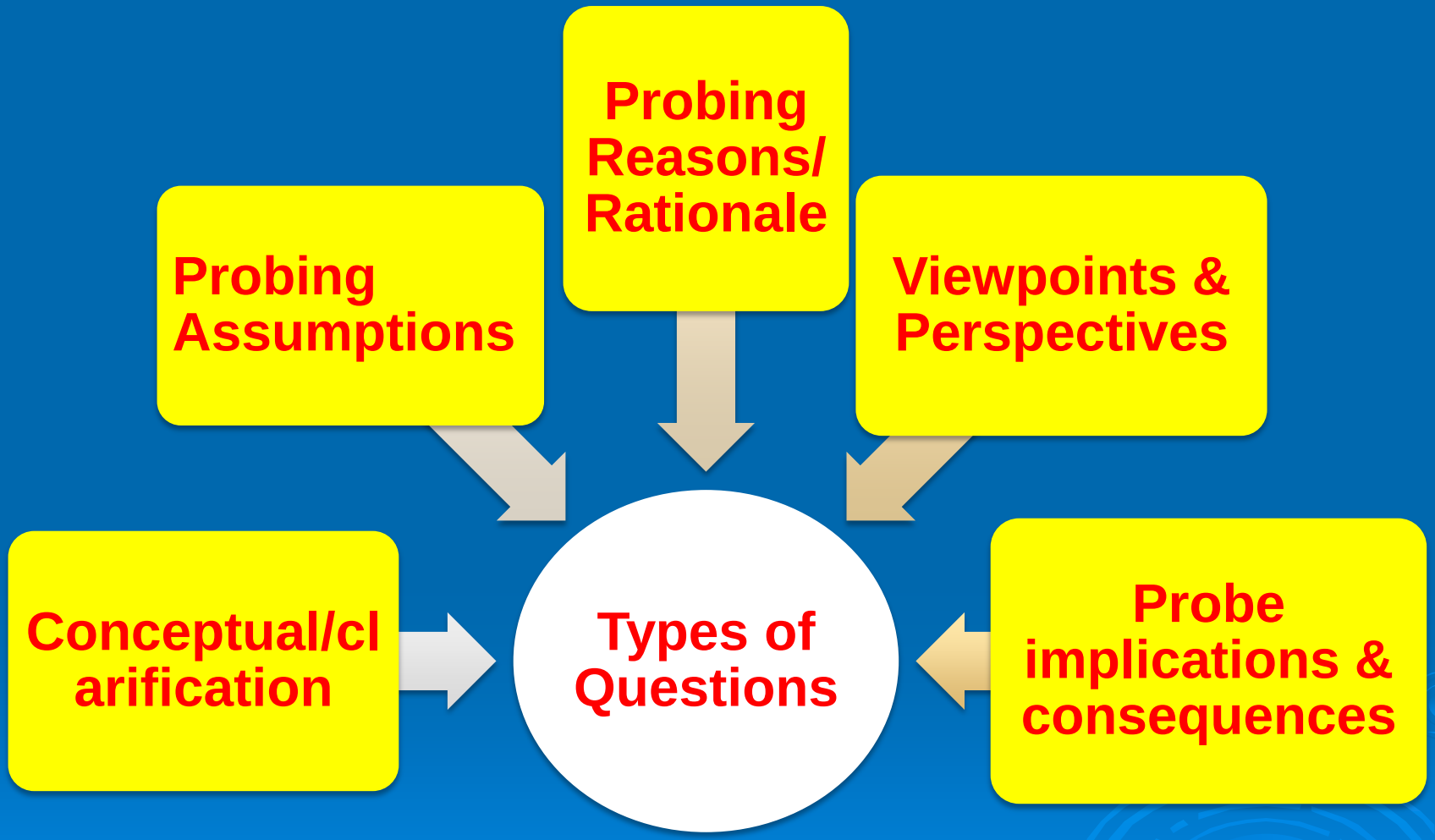
Socratic Questions leads to Socratic Dialogue

Goal: Probing Thinking of LEARNERS

Analyze a concept or line of reasoning

REASONING THROUGH COMPLEX ISSUES

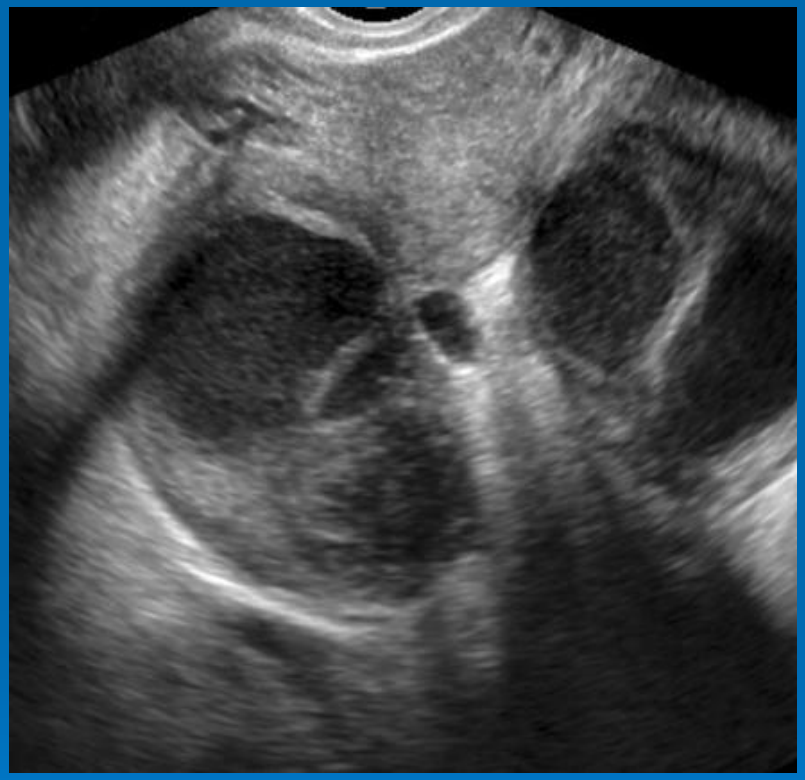
- Understand and assess thinking of others
- Follow through on implications of what they and others think


Probing Reasons/ Rationale
Probing Assumptions
Viewpoints & Perspectives
Conceptual/clarification
Types of Questions
Probe implications & consequences

Clinical Presentation

- Scenario
  27 yo G5P2032 presents with 1 week of pelvic pain and low grade temperature. She notes irregular spotting with a light menstrual flow about 4 weeks ago.

Think, Pair and Share



PID with a tubo-ovarian abscess

Learning Objectives Related to:

- ✓ Questions to ask to move Dx forward?
- ✓ Questions to asess the ability of learner to discuss selected test with patient
- ✓ Questions to assess the ability of the learner to respond to patient questions, during and post procedure
- ✓ Questions to ask to assess if learner can report results to colleague

Think, Pair and Share

- **Think:** Devise a line of Socratic style questioning that would lead the learner to your goal (LOs)
- **Pair:** Turn to the person next to you and share your question; leave as is or modify based on discussion of the questions as emulating the Socratic style of questioning
- **Share:** Questions developed with larger group

Types of Questions

- Conceptual clarification
  - Promote deeper thinking
  - Prove concepts behind argument
  - "Tell me more…"

- *What exactly does that mean?*
- *How does this relate to discussion?*
- *What do we already know?*
- *Can you give me an example*
- *Are you saying …or…?*
- *Can you rephrase that?*

Types of Questions

- Probing Assumptions
  - Presuppositions and unquestioned beliefs for current thought

- ***What else could we assume?***
- ***How did you choose these assumptions?***
- ***Explain why/how?***
- ***How can you verify or disapprove assumption?***
- ***What would happen if?***
- ***Do you agree or disagree? Why?***

Types of Questions

- Probing rationale, reasons and evidence
  - Dig into reasoning for a given rationale
  - Support for arguments

- *Why is that happening?*
- *How do you know this?*
- *Can you give me an example?*
- *What do you think causes?*
- *Why is … happening?*
- *What evidence supports statement?*

Types of Questions

- Viewpoints and perspectives
  - Question a given argument

- ***Does this seem reasonable?***
- ***Why is this necessary?***
- ***Are there alternatives?***
- ***Who benefits form this?***
- ***Why is this better than …?***
- ***What are strengths and weaknesses of…?***
- ***What if you compared… and …?***
- ***What is another way to look at this?***

Types of Questions

- Probe implications and consequences
  - Forecast logical implications
  - Question if implications are desirable

- *What will happen if…?*
- *What are some consequences or implications of…?*
- *How does … affect…?*
- *How does…fit with what we learned before?*
- *Why is …important to consider?*

The Mechanics: Three Kinds

- Spontaneous or unplanned
  - Think aloud in front of the learners
- Exploratory: requires preplanning
  - What students know or think and probe thinking
  - Can be in group orally or in writing
  - Cannot predict discussion once thought is stimulated
- Focused: requires preplanning
  - Probe an issue or concept in-depth
  - Have learners sort, clarify, analyze and evaluate
  - Distinguish known form unknown
  - Synthesize relevant factors and knowledge
  - Follow-up questions: think about the likeliest t response

General Guidelines for Socratic Questioning

- Think along with the Learners
- There are Always a Variety of Ways You Can Respond
- Do Not Hesitate to Pause and Reflect Quietly
- Keep Control of the Discussion
- Periodically Summarize esp. with silence
- Assess where is the Discussion : What Questions are Answered; What Questions are Yet Unresolved –Probe…

General Guidelines for Socratic Questioning

- Think of yourself as a kind of an intellectual orchestra leader
- Keep control of the question being discussed
- Help learners transfer learning from the public dialogue to their individual behaviors
- Decide when to think and wonder with thoughts aloud
  - Connect academic material to clinical experiences
  - Persevere with questioning if there is silence and redirect to learners to pursue thoughts and abilities

Continued

- **Scenario**
  27 yo G5P2032 presents with 1 week of pelvic pain and low grade temperature. She notes irregular spotting with a light menstrual flow about 4 weeks ago.
- She is sent for an ultrasound to gather more data
- The technician is too quick in performing ultrasound and misses key images to assure diagnosis

S-FED

- Using S-FED devise a feedback scenario to assure the technician is aware of his/her hastiness and why it is necessary to perform the ultrasound again
- How will this be discussed with the patient?

Questions

Summary

- **Coaching** as part of feedback?
- **S-FED**-what is this model?
- How does the model work to use **RIME** data as a source of feedback to learners
- How do you intend to apply the skill of **questioning** your learner to inform teaching and feedback and movement in RIME model?

Hofstra NS-LIJ SOM Imaging Curriculum

- **Part of a 100 week horizontal/longitudinal course: STRUCTURE**
- **In each laboratory session (weekly) has images of x-rays, MRI, CT Scans, both normal and pathologic**
- **Ultrasound is part of basic PD curriculum**

Hofstra NS-LIJ SOM Curriculum

- Example: